



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6435

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>04/24/2001<br>RULE | CLASS<br>705 | GROUP ART UNIT<br>3691 | ATTORNEY DOCKET<br>NO.<br>09857-044001 |
|---------------|--|--------------|------------------------|--|
|---------------|--|--------------|------------------------|--|

## APPLICANTS

John Delta, Vienna, VA;  
 Donald Basic, Germantown, MD;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/20/2001

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE OR COUNTRY<br>VA                                   | SHEETS DRAWINGS<br>4 | TOTAL CLAIMS<br>41 | INDEPENDENT CLAIMS<br>9 |
|--------------------------------|---|--|----------------------|--------------------|-------------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance<br>Initials |                      |                    |                         |

## ADDRESS

FISH & RICHARDSON PC  
 P.O. BOX 1022  
 MINNEAPOLIS, MN 55440-1022  
 UNITED STATES

## TITLE

Extended hours trade filtering

|                             |   |  |
|-----------------------------|---|--|
| FILING FEE RECEIVED<br>1698 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                             |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                             |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                             |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                             |   | <input type="checkbox"/> Other _____                         |
|                             |   | <input type="checkbox"/> Credit                              |